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| <b>Case Number:</b>   | CM14-0107366 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 05/06/2010 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 06/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/10/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for wrist, elbow, neck, and shoulder pain reportedly associated with an industrial injury of May 6, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture; and a 10% whole-person impairment rating; corticosteroid injections. In a Utilization Review Report dated June 30, 2014, the claims administrator partially certified a request for bilateral upper extremity electrodiagnostic testing as a nerve conduction testing of the left upper extremity alone. The applicant's attorney subsequently appealed. In a July 21, 2014 progress note, the applicant persistent complaints of neck pain radiating into the left shoulder and left elbow. Numbness and tingling was noted about the left hand. The applicant was status post earlier left carpal tunnel release surgery, it was stated. The applicant was using albuterol, Advair, and Claritin, it was further noted. The applicant exhibited positive Tinel and Phalen signs about the left wrist as well as positive provocative testing about the left elbow. The applicant stated that she remained concerned about persistent sensory loss and weakness about the left hand. Voltaren, tramadol, Prevacid, Norco, Ambien, and repeat electrodiagnostic testing were endorsed. Permanent work restrictions were renewed. In an earlier note dated May 12, 2014, the applicant again reported persistent complaints of neck pain radiating into the left arm with associated numbness, tingling, paresthasias and progressive weakness about the left elbow and left shoulder. The applicant exhibited positive provocative testing about the left cubital tunnel and left carpal tunnel with well-healed left carpal tunnel scar noted. The applicant was given a left elbow cubital tunnel corticosteroid injection. An elbow immobilizer was given. Multiple medications were refilled. The applicant did not appear to be working with permanent limitations in place.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

### **Bilateral Upper Extremity Electrodiagnostic Studies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 2nd Edition 2004.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): TABLE 11-7, PAGE 272.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is "not recommended." In this case, the applicant's symptoms are confined to the symptomatic left upper extremity. There was no mention of any symptoms of right upper extremity paresthesias or dysesthesias appreciated on any of the office visits, referenced above. Since the request for bilateral upper extremity electrodiagnostic testing would, by definition, involved testing of the asymptomatic right upper extremity, the request cannot be supported, per ACOEM. Therefore, the request is not medically necessary.